



FP - 074

The Commonwealth of Massachusetts
Department of Fire Services
Office of the State Fire Marshal

Post Office Box 1025, Stow, Massachusetts 01775
(978) 567-3300 Fax: (978) 567-3199



Note: One (1) form per trailer or firing board.

☐ **APPLICATION FOR PORTABLE FIRING TRAILER INSPECTION**

To be completed by applicant

Company Name: _____
(Name of person, firm or corporation)

Date of Issue: _____

Address: _____
Number and Street City/Town State Zip

Registration/Plate #: _____ Serial/Manufacturer/Model: _____

Number of Mortars: _____

Issue Date: _____

Inspected by: _____

Tag #: _____

Exp. Date: _____

☐ **ELECTRICAL FIRING UNIT INSPECTION**

To be completed by applicant

Name: _____
(Name of person, firm or corporation)

Address: _____
Number and Street City/Town State Zip

Type: _____ Serial #: _____

Issue Date: _____

Inspected by: _____

Tag #: _____

Exp. Date: _____